

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Power PAC			FEC IDENTIFICATION NUMBER ▼ C C00489252		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Allegra Print & Imaging			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 198 Moore Drive			Amount 1255.92		
City Lexington	State KY	Zip Code 40503	Transaction ID : SE.4743		
Purpose of Expenditure printing/postage: postcard		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate ALISON LUNDERGAN GRIMES			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought 4739.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Allegra Print & Imaging			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 198 Moore Drive			Amount 6955.39		
City Lexington	State KY	Zip Code 40503	Transaction ID : SE.4744		
Purpose of Expenditure printing/postage: postcard		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate ALISON LUNDERGAN GRIMES			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought 11694.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8211.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms Heather Roe Mahoney _____ Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 29 / 2014		